

**STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
IDAHO STATE BOARD OF MORTICIANS**

APPLICATION FOR A RESIDENT TRAINEE PERMIT

A \$100.00 application fee and a \$50.00 MRT permit fee must be included with this application.

I hereby submit my qualifications under the provisions of Title 54, Chapter 11, Idaho Code, as amended and make application for a
[☐] **Mortician Resident Trainee** [☐] **Funeral Director Resident Trainee**
permit to train under supervision in the State of Idaho and provide the following:

1. **Full Name (Mr., Mrs., or Ms.)** _____
2. **Mailing address** _____
Street/PO Box City State Zip
3. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
month day year
(Proof of being 18 years of age must be attached – i.e. a copy of birth certificate, passport, military ID, or valid driver's license).
4. **Daytime phone** _(____)_____ **Fax** _(____)_____ **E-mail** _____
5. **Have you graduated from an accredited high school or obtained the equivalent education?** [☐] **Yes** [☐] **No**
(A copy of your diploma, or official certified school transcripts or G.E.D. equivalency must be attached to this application.)
6. **Are you currently or have you ever been licensed as a mortician or funeral director in any state?** [☐] **Yes** [☐] **No**
(If yes, this office must receive certified documentation of said licensure directly from the licensing entity.)
7. **Have you ever had a license, certification, or registration denied, revoked or suspended?** [☐] **Yes** [☐] **No**
(If yes, please attach a detailed statement, including a copy of the charges and the final order.)
8. **Have you ever been convicted of any State or Federal felony?** [☐] **Yes** [☐] **No**
(If yes, please attach a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)

PHOTOGRAPH: Attach below an original passport photograph of yourself taken within the preceding 3 months.

(attach photograph here)

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES _____

(continued)

APPLICATION FOR A RESIDENT TRAINEE

(continued)

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided above and that all attached documentations are true and accurate to the best of my knowledge and belief and that I am of good moral character and temperate habits. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing mortician practice.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature

residing at _____

my commission expires _____

SPONSORING SUPERVISOR AFFIDAVIT

I hereby certify that I am an agent or employee of the funeral home identified below, and that

(applicant name)

has submitted an application to practice as a Resident Trainee at the named facility. I acknowledge that said applicant is not licensed or authorized to perform any services independently, and I certify that all services performed by the applicant will be under my direct personal supervision, subject to the laws and rules governing the supervision and practice of resident trainees, and that I assume responsibility for the proper supervision and instruction of the named Resident Trainee.

Print Name of Funeral Home

License number

Print Name of Supervisor

License number

Sponsoring Supervisor Signature

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature

my commission expires _____

Questions regarding this application or the requirements for licensure may be addressed to:

BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

**Web site - www2.state.id.us/ibol/mor.htm
mor@ibol.state.id.us**